PART B - FEE(S) TRANSMITTAL

| Complete and Send | B W | | or <u>Fax</u> | P.O Ale: (57) | nmissioner for D. Box 1450 xandria, Virgi 1)-273-2885 | · Patents nia 22313- | | | |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 41536 7590 06/18/2007 RAYMOND J. WERNER 2056 NW ALOCLEK DRIVE, SUITE 314 HILLSBORO, OR 97124 | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission Certificate of Mailing or Transmission Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Raymond T. Werner (Depositor's name) Company T. Werner (Signature) | | | | |
| | | | | | | | 2007 | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVEN | NTOR | | ATTORNEY I | OOCKET NO. | CONFIRMATION NO. | |
| 10/789,305 02/27/2004 Morgan T. Johnson TITLE OF INVENTION: FULL WAFER CONTACTER AND APPLICATIONS THEREOF | | | | | 09/10/20 01 FC:25 02 FC:15 | 01 | P004 2 00000082 1 | 9203 0789305 700.00 OP 300.00 OP | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE | DUE | PREV. PAID ISSUE | | AL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$700 | \$300 | | , \$0 | | \$1000 | 09/18/2007 | |
| EXAMINER ART UNIT | | | CLASS-SUBCLASS | SS | | | | | |
| KARLSEN, ERNEST F 282 | | 2829 | 324-765000 | | | | | | |
| 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Portland, Oregon Please check the appropriate assignce category or categories (will not be printed on the patent): | | | | | | | | | |
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| Change in Entity Status a. Applicant claims Si | • | | ☐ b. Applicant is no | o long | cr claiming SMAL | L ENTITY st | atus See 37 CF | FR 1 27(a)(2) | |
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